

# eDeposit Ireland

## Orchard Vale Apartments

Item Type	report
Authors	Egan, Lorraine
Citation	Lorraine Egan, 'Orchard Vale Apartments', [report], Health Information and Quality Authority, 2016-12-16, Disability Services Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-12 03:39:35
Link to Item	<a href="https://hdl.handle.net/20.500.14765/81499">https://hdl.handle.net/20.500.14765/81499</a>

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Orchard Vale Apartments
<b>Centre ID:</b>	OSV-0005513
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Redwood Extended Care Facility
<b>Provider Nominee:</b>	Diarmuid O'Reilly
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
26 October 2016 11:00	26 October 2016 18:00
27 October 2016 11:30	27 October 2016 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the first inspection of the centre which was not operational at the time of the inspection. The provider had submitted an application to register the centre which outlined their intention to accommodate three residents. An 18 outcome inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

The inspector met with the provider nominee and the person in charge of the centre. Both persons held management roles in other centres operated by the provider. Both persons outlined their roles, remit and the systems to ensure their involvement in other centres and roles would not impact negatively on the operation of this centre.

The inspector viewed the premises and reviewed the systems to ensure support provided to residents would meet residents' assessed needs and be in compliance with the regulations and standards.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The document stated the service will be available to adult men and women who have an intellectual disability or acquired brain injury, some of whom may also be diagnosed with secondary mental health or medical conditions, and who require individual accommodation.

The statement of purpose outlined the services which will be provided to meet the assessed needs of residents living in the centre. This included access to healthcare and allied health professionals, support to identify and increase natural supports in their lives, support to participate in the community and opportunities for education, training, leisure and recreational pursuits. An aim outlined in the document was to support residents to transition to community based services.

The centre comprised of a building which was located on a campus based setting within a short drive of the nearest town and amenities. The building had been refurbished to comprise of three separate apartments and a separate staff room.

Overall judgment of our findings:

The inspector found the provider had clear systems in place to identify and meet the assessed needs of residents. These included arrangements to ensure residents' rights were upheld, all required support was provided and residents were safe.

The provider demonstrated compliance in all outcomes and there were no actions required following this inspection. All systems outlined will be verified at the next inspection.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to ensure residents were consulted with, residents' rights were promoted, residents had access to advocacy, residents' privacy and dignity was respected, residents were supported to exercise choice and control and maximize their independence, and residents were supported to make complaints.

The person in charge said residents will be consulted about how the centre is planned and run. For example, the daily routine will be led by residents and residents will be supported to make choices about all aspects of their care and support. Individual meetings will take place with each resident and collective meetings will take place if the residents have any issues about the operation of the apartment building. An agenda and template for recording these meetings was in place.

There was a system to ensure residents will have access to advocacy services and information about their rights. There were a range of services and supports to ensure that advocacy was provided to residents. This included advocacy from three external independent advocacy groups, one of which was a peer led group. There were systems for referring residents to the external advocates.

Information about residents' rights was available in the centre and the information was available in an 'easy-to-read' format. The provider outlined the role and remit of the organisation's committee for reviewing restrictions on residents' rights. The membership of the committee included external persons, for example external independent advocates.

The inspector was told that all practices which impinged on residents' rights were reviewed by the committee. The inspector read a sample of the minutes of these meetings and found the meeting minutes clearly outlined the review of rights and the decision taken at the meetings. Follow up by the committee was documented and residents were central to the process as they attended meetings and presented their individual cases to the committee. Decisions made were outlined and showed that residents agreed to the implemented restrictions.

A potential restriction on residents' rights was identified in residents' contracts for the provision of services. The contracts stated that residents were not permitted to consume alcohol in the centre. The rationale for this was discussed with the provider nominee and the person in charge who stated that this was not enforced in other centres and was an oversight in the contracts. The provider amended the contracts on the day of the inspection and stated that any restriction placed on residents would be in line with their assessed needs and would be referred to the organisation's committee for reviewing restrictions on residents' rights.

The person in charge outlined the ways in which residents will be supported to have opportunities similar to their peers. Community participation and participation in normal activities of daily living will be part of residents' schedules and residents will be supported to gain the necessary skills to live as independently as possible.

The centre had a policy on the provision of intimate care which included a template of an intimate care plan. The person in charge said that intimate care will be carried out in line with each resident's assessed needs and individual preferences.

The layout of the centre afforded residents ample private accommodation as each resident would live in individual apartments. One apartment was decorated on the day of inspection. The inspector was told this was completed as an example and that the apartments would be decorated consistent with each resident's individual needs and preferences prior to their admission to the centre. There was ample space for residents to store their belongings.

There were procedures to support residents to manage their money and valuables. The inspector read the policy and found it did not provide adequate guidance. This was discussed with the provider nominee who told the inspector there was an updated policy which was under review at the time of the inspection. The provider nominee stated that the updated policy would address the issues as outlined by the inspector and said that the updated policy would be in place prior to this centre opening. He further stated that all staff would adhere to the updated policy when the centre opened.

There were policies and procedures for the management of complaints. There was a nominated person to deal with all complaints. There was a person responsible for ensuring that all complaints were responded to and records maintained.

The complaints process was available in an 'easy-to-read' format. The person in charge said the complaints process will be accessible to all residents. Furthermore, the provider nominee said all residents will be supported to understand the procedure and to make a complaint.

There was no CCTV (closed circuit television) in the centre.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy on communication with residents.

The provider nominee and the person in charge outlined the systems in place to meet the diverse communication needs of all potential residents. This included the input of professionals, where necessary. The organisation had employed a speech and language therapist to complete assessments and compile support plans for residents who required support to communicate.

There was a system to ensure residents' individual communication requirements were highlighted in residents' personal plans. Training was provided for staff to ensure that residents' were communicated with in line with their assessed needs and preferences.

Residents will have access to radio, television, social media, newspapers, internet and information on local events.

The inspector was told that all information will be provided in a format assessed as accessible to each resident. Documents which the provider had made available in an 'easy-to-read' format included residents' agreements for the provision of services, person centred plans, the procedure for evacuating the centre, information on psychiatry services, referral to the multidisciplinary team and the guide for residents.

The person in charge said residents will be facilitated to access assistive technology and aids and appliances where they are required to promote residents' full capabilities.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge outlined the way positive relationships between residents and their family members will be supported. Family members will be welcomed to visit the centre in line with residents' needs and wishes. Staff will facilitate transport to visit family in line with residents' needs and requests.

Residents will be supported to receive visitors. Each resident will have individual apartments and can receive visits from families and friends in this private space.

The inspector was told there will be no restrictions on visits, except if requested by the resident or if the visit or timing of the visit is deemed to pose a risk.

The inspector was told that families will be kept informed of residents' wellbeing. Families and residents will be supported to attend multidisciplinary meetings, personal plan meetings and reviews in accordance with the wishes of the resident.

Residents will be supported to become involved in activities in the community and will be supported to maintain links with the wider community. Residents will be supported to develop and maintain personal relationships.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The inspector was told that residents' admissions to the centre will be in line with the centre's statement of purpose and the policy for admitting residents. The inspector viewed these documents and found that the criteria for admitting residents to the centre were not consistent with the criteria as outlined by the provider nominee.

The provider nominee stated that only persons with a primary diagnosis of an intellectual disability or acquired brain injury would be admitted to the centre. He stated that a resident may have a secondary mental health diagnosis or medical condition.

The documents stated that persons with 'intellectual disabilities, acquired brain injury, mental health difficulties and/or a medical condition who have experienced difficulties with community living in the past and who now require individual accommodation' were eligible to be admitted to the centre. The inspector discussed this with the provider nominee who said he would amend the documents.

On the second day of the inspection the inspector viewed the amended documents which stated that persons with 'intellectual disabilities, acquired brain injury, who also may present with mental health difficulties, and/or a medical condition who have experienced difficulties with community living in the past and who now require individual accommodation' were eligible to be admitted to the centre.

The inspector was told that each resident would have a written agreement of the terms and conditions relating to residency in the centre and the service provided. The inspector viewed a sample of the template used and found it outlined these items. The provider nominee told the inspector that a fee for residing in this centre was not charged by the provider.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge outlined how each resident will be supported to ensure their wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident will have opportunities to participate in meaningful activities that are appropriate to his or her interests and preferences.

The arrangements to meet each resident's assessed needs will be set out in a personal plan that reflects his or her needs, interests and capacities. Personal plans will be written and reviewed with the participation of each resident.

The inspector viewed a sample of documentation used to gather information to inform residents' personal plans. The inspector noted the centre did not use an assessment tool to identify residents' long term aspirations. The documentation referred to short term goals only. This was discussed with the provider nominee who outlined the system for setting goals and priorities with residents. This included discussion with the resident and their families and the input of the multidisciplinary team. In addition, the inspector was told that all staff will receive training in supporting residents to identify goals.

There was a system for reviewing the effectiveness of residents' goals. This took place at multidisciplinary meetings. The inspector was told that any barriers to residents' achievement of goals were discussed at these meetings.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre comprised of a single storey building which had been converted and refurbished to provide three one bedroom apartments for residents and a separate staff room. It was located on a campus based setting within a short drive of the nearest town and amenities.

Each apartment contained a private entrance, a small entrance hallway, a bedroom with ample room for storage, a large bathroom with an accessible shower, toilet and a separate bath, and an open plan kitchen, dining and living room.

The centre was awaiting final touches such as tiling the splash back in the kitchens. One apartment had been decorated as a sample and the inspector was told the remaining apartments would be decorated in line with residents' wishes when they were moving to the centre.

There was adequate heat, lighting and ventilation in the apartments. Each apartment had individual thermostatic controls to adjust the heating.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for risk management, emergency planning, health and safety and incidents where a resident goes missing. There was a centre specific safety statement.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There were also arrangements in place for responding to emergencies. The person in charge outlined the information which would be used to inform centre specific procedures, such as the learning from fire drills.

The person in charge outlined the measures which would be place to prevent accidents. This included using risk assessments to inform the control measures required to mitigate any potential risks to residents, visitors and staff in the centre.

There were policies and procedures for the prevention and control of infection. The provider had specific procedures to support residents with healthcare associated infections. There were arrangements in place for the disposal of general and clinical waste.

The inspector was told staff will receive training in manual handling. In addition, staff working with residents who require specific support will receive training in people moving including the operation of any assistive devices required.

The inspector was told there would be a vehicle for the use of residents residing in the centre. There were systems in place to ensure the vehicles are roadworthy and suitably equipped.

Suitable fire equipment was provided which included a fire alarm, emergency lighting and fire fighting equipment, such as fire extinguishers and fire blankets.

There was adequate means of escape and documentation viewed outlined the daily check system which would be implemented to ensure fire exits were unobstructed.

There was a procedure for the safe evacuation of residents and staff in the event of fire. The inspector was told this would be displayed in the centre.

The mobility and cognitive understanding of residents would be adequately accounted for in the evacuation procedure. Each resident would have a personal emergency evacuation plan (PEEP) which would outline the supports the resident required to safely exit the building in the event of a fire. The inspector viewed the template used to capture this information.

The person in charge said staff will have received training and know what to do in the event of a fire. Training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm points and first aid fire fighting equipment and fire control techniques was provided to all new staff and annually thereafter. He said all staff will take part in fire drills in the centre to ensure they are fully aware of how to evacuate residents safely in the event of an emergency.

Fire drills will be carried out thereafter at a minimum of six monthly intervals and more often where a need is identified. Fire records will be maintained which will include details of fire drills, fire alarm tests and fire fighting equipment.

The inspector was told the fire alarm will be serviced on a quarterly basis and fire safety equipment will be serviced on an annual basis.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. The person in charge said all staff will receive training on the prevention, detection and response to suspected, confirmed or alleged abuse prior to working in the centre.

There were measures in place to keep residents safe and protect them from abuse. The person in charge and provider nominee outlined the systems in place to ensure residents were safe. This included training for staff to ensure there were no barriers to residents or staff disclosing abuse. The centre also had a protected disclosures policy in place.

There was a policy in place for the provision of behavioural support. The person in charge said all staff working in the centre will have received training in managing behaviour that is challenging including de-escalation and intervention techniques. There was a system to ensure that resident and centre specific training was provided when required.

There was a system to ensure that residents who required support with behaviours that challenge would have support plans in place. The compilation of these plans included the input of the multidisciplinary team.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. The person in charge and provider nominee outlined the efforts which would be made to identify and alleviate the underlying causes of behaviour that is challenging for each individual resident.

The inspector was told that any required specialist and/or therapeutic interventions would be implemented in consultation with the resident and their family member. There was a system to ensure interventions were reviewed regularly to assess their impact on improving the life of the resident.

The provider nominee told the inspector that the rights of residents would be protected in the use of restrictive procedures and all alternative measures would be considered before a restrictive procedure is implemented. He outlined how the use of restrictive procedures will be monitored to prevent them being abused and or overused. This included the review of these restrictions by the organisation's rights review committee.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge and the provider nominee were knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge and the provider nominee outlined how residents' opportunities for new experiences, social participation, education, training and employment will be facilitated and supported.

There was a department and staff dedicated to supporting residents to identify and avail of opportunities for education, training and employment. Residents' wishes and aspirations will be assessed utilising the social care personal plans and activity trackers. The progress and effectiveness will be reviewed as part of multidisciplinary meetings.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge and a sample of documentation viewed outlined the ways in which each resident will be supported to achieve and enjoy the best possible health.

Systems were in place to ensure all residents' health care needs were assessed and corresponding care plans compiled. Health monitoring documentation will be completed and residents' health needs will be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector was told that residents will have access to a general practitioner (GP), to an out of hours GP service and to a dentist for annual reviews and more frequent appointments where required. Some allied health professionals are employed by the provider, for example speech and language therapy and occupational therapy, and residents will have access to these services.

The inspector was satisfied that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded as required and dietician input will be in place for residents who require support.

The person in charge said staff will support residents to choose and prepare their meals in line with their dietetic and personal needs and preferences.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The processes in place, as outlined by the person in charge, were safe and in accordance with current guidelines and legislation. For example, medicines will be stored in a double locked press, a refrigerator will be purchased for storing medicines which require refrigeration, and there will be a specific procedure for the storage and administration of medicines which require strict control measures.

There was a procedure to assess the competency of residents to self-administer medicines. The inspector was told all residents will be supported to be independent in the management of their medicines insofar as is practicable.

The inspector was told medicines will be administered by registered nurses who will also ensure the processes in place for the handling of medicines are safe and in accordance with current guidelines and legislation. The person in charge said a system will be put in place for reviewing and monitoring safe medicine management practices.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a written statement of purpose which set out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The statement of purpose contained all information required by the regulations.

The inspector was told the statement of purpose will be kept under review at intervals of not less than one year.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management a number of other designated centres. He outlined the systems in place to ensure his responsibility for the management of other centres did not impact on this centre.

The person in charge was a suitably skilled, qualified and experienced manager. He demonstrated sufficient knowledge of the legislation and his statutory responsibilities. He outlined the ways she will be engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The provider nominee was present on both days of the inspection. He held a senior management role and was knowledgeable of his responsibilities and regulatory responsibilities.

The person in charge outlined the management systems which would be put in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. This will include regular auditing of all aspects of the service, unannounced visits by the provider or a person nominated by the provider and an annual review of the quality and safety of care in the designated centre.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied there was evidence to show the centre will be resourced to ensure the effective delivery of care and support in accordance with the centre's statement of purpose. This included staffing and meeting the assessed needs of residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents. The provider nominee said that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge told the inspector that the staffing levels will be based on the assessed needs of the residents. A template of the staffing rota was viewed. The core complement of staff comprised of a care assistant for 24 hours per day and a staff nurse for 12 hours per day. In addition, individual staffing will be provided for residents where required.

The person in charge will carry out the induction procedure and annual performance appraisals with staff. Performance management concerns will be addressed by the person in charge and there was a disciplinary procedure and grievance procedure in place.

There was a training schedule in place for the organisation and records of staff training were maintained. The person in charge said all staff will have received all required training prior to working in the centre. This included mandatory two day induction training for all new staff which comprised of training in manual handling; health and safety; food safety and nutrition; eating, drinking and swallowing; introduction to communication; introduction to positive behaviour support; person centred planning; adult protection; prevention and management of actual or potential aggression; incident reporting and terminology; fire training; first aid; and medicines management.

The inspector viewed the arrangements in place for supporting volunteers. There was a system to ensure Garda vetting and references would be obtained for volunteers. In addition, volunteer's role and responsibilities would be set out in writing. The person in charge outlined the support and supervision which would be provided for volunteers. At the time of the inspection there was no plan for volunteers to work in the centre.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the Regulations were maintained. Adequate insurance cover was in place.

The inspector read the residents' guide and found it included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The person in charge outlined the systems which would be put in place to ensure that medical records and other records, relating to residents and staff, will be maintained in a secure manner.

There was a template for the directory of residents. It contained all the required information.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Lorraine Egan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority